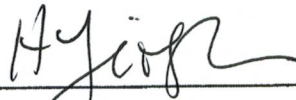



Rewiring Anxiety by Using Movement to Promote Self-Care:
An Action Research Self-Study

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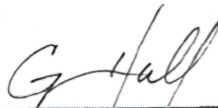


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Running head: REWIRING ANXIETY

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ABSTRACT

This paper summarizes this beginning art therapist's master's level capstone project. My project began in Fall 2019 as I was experiencing increased stress, anxiety, and perfectionism in my clinical internship, which was influencing how I responded to people both personally and professionally. I have autism and have often referred to myself as a recovering perfectionist, both of which are factors that have affected specifically my anxiety and interactions. I wanted to find more effective coping strategies. In Spring 2020, I conducted an action research self-study to explore the therapeutic effects of movement to reduce my unhealthy stress, anxiety, and perfectionism. Action research encourages practitioners of any vocation to learn by "doing" in order to change or improve their practice, their understanding of it, and the environments in which they work. This study empowered me to realize how familiar movements can both reduce and rewire my unhealthy stress, anxiety and perfectionism. It has also helped me to improve my practice and step confidently into art therapy as an increasingly independent clinician. A major outcome of this project that could help others was discovering the importance of self-care and self-compassion in the process of becoming an art therapist.

Keywords: beginning art therapist, stress, anxiety, perfectionism, autism, movement, self-care, self-compassion, action research self-study

DEDICATION

With this project, I would like to honor and encourage all helping professionals, particularly my soon-to-be fellow art therapists and mental health counselors.

ACKNOWLEDGEMENTS

I would like to thank Christ, my family, my friends, and my graduate cohort, teachers, colleagues, and supervisors. Completing this project and my graduate education simply wouldn't be possible without any of these amazingly supportive people. I am incredibly thankful for each and every one of them.

I would like to specifically name four of them who are instrumental to the success of my project and of myself as a beginning art therapist and mental health counselor. Eileen Misluk is my graduate program's director and my group supervision teacher; she has consistently encouraged me to grow not just as a future clinician but also as a person, particularly in doing my best while accepting what is good enough. Heather Leigh is one of my program's teachers and my advisor for this project; she has consistently supported my growth through numerous meetings and shared closely in the evolving journey of my project. Heidi Fledderjohn was my first graduate internship supervisor and is one of my project's committee members; she has constantly and gently reminded me to care for myself through compassionate mindfulness as I seek to rewire my anxiety. Stacey Crimans was one of my classmates and is also one of my project's committee members; she has constantly and joyfully offered her expertise and support in moving and being as a creative therapist with experience working with people who have autism. Eileen, Heather, Heidi, and Stacey – thank you.

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CHAPTER I

INTRODUCTION

How does the world work? How do I know something works for me unless I try it? How can I connect with people in appropriate ways? As a person with autism, these questions have been with me for almost as long as I can remember. I was diagnosed with autism at age four, and it has greatly impacted my life by challenging my abilities to connect appropriately with others, personally and professionally. I do not naturally read verbal and non-verbal cues as well as someone without autism typically can, so I have to work harder to see how the world works and how to connect appropriately with others. Personally, I have found the Christian faith to be my overarching answer for how the world works. “For in Him [Christ] we live and move and have our being” (Acts 17:28, New International Version). I have also found soccer and art to be appropriate ways to connect with others and methods of movement which work for my self-care. Soccer and art both incorporate movement and exist best in community with others, which has encouraged me to work with others and learn more about how different people connect.

Professionally, I have found art therapy to be another appropriate way of connecting with others that also fulfills me as my chosen passion and career. As I finish my master’s degree in art therapy at age twenty-five, I’ve been encouraged over the past two years of my master’s program to continually address my own challenges with stepping into art therapy, some specifically stemming from having autism. My challenges have included difficulties in communication with supervisors, colleagues, and clients; anxiety; perfectionism; flexibility with change; and unfairly comparing myself with classmates in beginning increasingly independent work. The stress involved in navigating

these challenges brought up questions of how I can best care for myself as I become a beginning art therapist and mental health counselor.

Self-care is essential for people with autism, art therapists, and helping professionals. For my master's capstone project over this past year, I have determined what movement practices are the most effective in my self-care, specifically to reduce unhealthy stress, anxiety, and perfectionism. I was interested in focusing on movement for self-care, as soccer and art have both been useful forms of self-care for me throughout my life. Hinz (2019) stated that "movement can promote the physical and emotional release of energy and tension and reduce stress" (p. 41). In addition, self-compassion and mindfulness are both important components of self-care, as both have been found to reduce symptoms of anxiety and increase overall well-being (Conner & White, 2018; Neff, Kirkpatrick, & Rude, 2007); both of these became important as my project evolved.

My research question was: "How can I, as a beginning art therapist, use movement to improve self-care; reduce unhealthy anxiety, stress, and perfectionism; and accept my own rate of growth and progress?" I explored this question in an action research self-study. The action research model is full of unknowns. You plan a step and try it, without knowing how it will turn out and where you will go next. So this model was a good choice for me to practice reducing unhealthy anxiety, stress, and perfectionism, along with accepting my growth and progress. Just as it takes courage to take a step without knowing where you'll go next, so it takes courage to be imperfect.

Operational Definitions

Action research: studying and learning what to do through doing, in order to change or improve one's practice, one's understanding of their practice, or the environments in which one's practice takes place (Kapitan, 2018).

Anxiety: susceptibility to stress, excessive worry, inability to concentrate, or insomnia about events or activities (Sachs & Buffone, 1984; Walkenhorst & Crowe, 2009).

Autism spectrum disorder (ASD): a developmental disorder encompassing body, mind, feeling, and social relating; people with ASD display difficulties in regulating emotion, social functioning, and motor coordination (Devereaux, 2017; Koch, Mehl, Sobanski, Sieber, & Fuchs, 2014b; Menear & Neumeier, 2015; Trevarthen & Delafield-Butt, 2013).

Beginning art therapist: a student or new professional working in the integrative mental health and helping profession of art therapy (Hinz, 2019).

Breath counting: a proposed behavioral measure of mindfulness that uses counting beats during each breath to promote awareness during the experience of breathing in the present moment (Levinson, Stoll, Kindy, Merry, & Davidson, 2014).

There are various forms of breath counting; this researcher used the form of box breathing learned from internship (inhale for a count of 4, hold for a count of 4, exhale for a count of 4, hold for a count of 4, repeat cycle as many times as needed).

Familiarity: “thorough knowledge or mastery of a thing, subject, etc.... the state of being familiar.” In movement of the human body, familiarity is the habitual movement

experiences of the human body, both of a person's physicality and subjectivity (Familiarity, n.d.; Legrand & Ravn, 2009).

Mindfulness: skill of practicing awareness in the present moment, acknowledging thoughts and emotions without judging them (Conner & White, 2018).

Movement: a system of motion that includes bodily motion via skeletal muscles, which can be used as a therapeutic tool "to further the emotional, cognitive, physical, and social integration of the individual" (de Tord & Brauninger, 2015, p. 17).

Perfectionism: belief that one must be perfect to contribute anything worthwhile from one's own life to anyone else (Hinz, 2019).

Polyvagal theory: proposal that the evolution of the autonomic nervous system determines the range of emotional expression, quality of communication, and ability to regulate bodily and behavioral state. People with autism supposedly struggle to successfully engage in social behaviors due to their nervous systems inaccurately perceiving social environments or people as threats (Devereaux, 2017; Porges, 2003).

Self-care: "a lifelong, individualized process of attending to" one's own needs. For helping professionals, self-care is a process of understanding what works best to maintain their well-being and applying this understanding through many different means (Hinz, 2019; Malinowski, 2014; Starrett, 2010; Terrell, 2016a, About section, para. 2).

Self-compassion: an important component of effective self-care that "entails being kind and understanding toward oneself... rather than being harshly self-critical" (Neff et al., 2007).

Stress: tense arousal as a reaction to internal and/or external factors, which can contribute to anxiety (Hinz, 2019; Thayer, 2003).

CHAPTER II

LITERATURE REVIEW

This review of the literature will provide context for the terms defined in my operational definitions and outline my key research concepts. First, I will define movement and then highlight key concepts in movement with autism, specifically the definition of autism, Polyvagal theory, familiarity, and benefits of movement with autism. Second, I will share how movement can reduce unhealthy anxiety, stress, and perfectionism, potentially in art-making. Third, I will define self-care, self-compassion, and mindfulness, and highlight the importance of each for maintaining well-being, specifically for helping professionals and people with autism; I will also present breathing as movement to encourage and measure mindfulness. Finally, I will identify the challenges involved in being a beginning art therapist.

Movement

Human movement is much more than physical exercise, it is a physiological system designed to produce motion of the body as a whole or of its parts – the functional interaction of subcellular, cellular, and systematic body parts that contribute to the act of moving (Caspersen, Powell, & Christenson, 1985; Sahrman, 2014). Physical activity is any bodily movement produced by the skeletal muscles that results in energy expenditure; exercise is a subset of physical activity that is planned, structured, and repetitive (Caspersen et al., 1985). However, both physical activity and exercise are just part of the human system of movement (Sahrman, 2014).

The movement system is used in all facets of human life, including various kinds of therapies (Sahrman, 2014; de Tord & Brauning, 2015). For example, physical

therapy (PT) focuses on preventing, diagnosing, and treating dysfunctions of the movement system; and dance/movement therapy (DMT) uses movement as a therapeutic tool “to further the emotional, cognitive, physical, and social integration of the individual”(de Tord & Brauninger, 2015, p. 17). Accordingly, DMT and body psychotherapy are built on a belief in the wholeness of body, mind, and spirit, i.e., the body affects the mind and vice versa (de Tord & Brauninger, 2015). For DMT in particular, “a change in the body affects a change in the mind.” (H. Fledderjohn, personal communication, October 11, 2018).

Movement with Autism Spectrum Disorder (ASD)

Definition of ASD. ASD is a developmental disorder encompassing body, mind, feeling, and social relating (Koch, Mehl, Sobanski, Sieber, & Fuchs, 2014b). People with ASD display disabilities in regulating movement, feelings of their bodies, emotions, attention to the expressions of others, playfulness in social interactions, and collaborative learning (Trevvarthen & Delafield-Butt, 2013). Symptoms of ASD can range from mild to severe and can include repetitive behavior, movements, speech, and interests; this spectrum is more specifically outlined in the Diagnostic and Statistical Manual of Mental Disorders, 5th Edition (American Psychiatric Association [APA], 2013). Lifelong challenges of ASD include difficulties with social functioning and motor coordination, particularly in accurately picking up environmental and social cues (Devereaux, 2017; Koch et al., 2014b; Menear & Neumeier, 2015; Porges, 2003). No single genetic, biological, or environmental factor has been identified as the cause of autism, although multiple theories have been proposed as to potential causes of autism and of its potential effects on development (Porges, 2001, 2003, 2009; Trevvarthen & Delafield-Butt, 2013).

Polyvagal theory. One such theory, the Polyvagal theory, proposes that the human autonomic nervous system has evolved into three distinct systems, which are linked to social communication and mobilization (Porges, 2001, 2003, 2009; Trevarthen & Delafield-Butt, 2013). This evolution determines the range of emotional expression, quality of communication, and ability to regulate and adapt both bodily and behavioral state (Porges, 2003, 2009). This theory provides a plausible framework for many social, emotional, and behavioral disorders, including ASD (Porges, 2001, 2003, 2009). In fact, some proponents of this theory point to evidence showing that ASD indicates failure of childhood development in social, emotional, behavioral, and physical timing, coordination, and control (Trevarthen & Delafield-Butt, 2013).

As Devereaux (2017) outlined, the Polyvagal theory presumes that people with ASD struggle to successfully engage in social behaviors, due to their nervous systems receiving threats in their environment via neuroception. Neuroception is defined as neural circuits that help all people determine whether situations or people are safe or dangerous (Devereaux, 2017). It is thought that the nervous systems of people with ASD may inaccurately perceive social environments or people as dangerous, when there's actually no or little risk (Devereaux, 2017).

The theory of increased proneness to panic and anxiety (a heightened fear response) is confirmed by Temple Grandin, a well-known animal scientist and spokesperson for ASD who has ASD herself (Sossin, 2015). The evolution of a heightened fear response in people with ASD may be supported by Grandin's discovery of her own brain's enlarged amygdala, which is responsible for regulating emotion and stress in all people (Sossin, 2015). This purported heightened fear response is

unconscious yet revealed through behavior, particularly movement; therefore, paying attention to movement and using movement interventions is recommended in treatment for people with ASD, particularly for promoting social behavior (Sossin, 2015).

Movement benefits with ASD. Movement, specifically different physical activities or therapies, has been shown to have benefits for people with ASD (Menear & Neumeier, 2015). Benefits include increased cognitive performance, improved social behavior, and both decreased maladaptive behaviors and anxiety (Devereaux, 2017; Menear & Neumeier, 2015). Specific physical activities with such benefits include walking, running, swimming, cycling, and dancing; benefits include decreased anxiety, and both increased attention span and impulse control (Devereaux, 2017; Koch, Kunz, Lykou, & Cruz, 2014a; Menear & Naumeier, 2015). These kinds of movements that assist people with ASD also include repetitive rhythm; for instance, running is repeatedly placing one foot in front of the other at increased speed.

Specific kinds of therapy including movement with benefits for people with ASD include equine therapy and dance/movement therapy (DMT); benefits include improved motor proficiency, increased sensory integration, and decreased anxiety in sustaining social relationships (Devereaux, 2017; Koch et al., 2014b; Menear & Neumeier, 2015). DMT specifically can assist people with autism to increase bodily awareness, particularly of their highly tuned neuroception, as well as reframe bodily movements and social interactions in a safe space. Increased bodily awareness and reframing can help people with autism to calm the nervous system, decrease inaccurate perceptions of social situations as dangerous, and increase sustained engagement in interpersonal relationships (Devereaux, 2017; Porges, 2003). One way in which DMT can accomplish these goals is

through the Kestenberg Movement Profile (KMP) model (Devereaux, 2017; Porges, 2003; Sossin, 2015). The KMP notes manners of change in bodily movements through identifying each individual's rhythms between tension and flow, which can assist people with ASD in developing self-regulation (Sossin, 2015).

Accordingly, familiarity of movement and body image are both important to consider in benefits of movement with ASD. Familiarity of movement is composed of the habitual movement experiences of the human body, both of a person's physicality and subjectivity (Legrand & Ravn, 2009). A person's physicality is their sense of belonging to the physical world, in looking at their body and experiencing its shape (i.e., the body as an object); their subjectivity is their sense "of being a subject of conscious experience" (i.e., the body as subject) (Legrand & Ravn, 2009, p. 390). Over time, a person forms and explores their body through both the physiological body (their physical body's possibilities and limits) and their body's experiences (what it feels like to be one's body) (Legrand & Ravn, 2009).

Many people with ASD experience comfort with familiar routines and movements, and due to many sensory processing differences, their embodied self is profoundly affected; this can include difficulty and/or awkwardness in accurately perceiving others and themselves (Koch et al., 2016; Menear & Neumeier, 2015). Movement, specifically in creative therapies, has been shown to meet people with ASD where they are at, while promoting nonverbal communication as a pathway to improved verbal communication and increased body-image and awareness (Koch et al., 2016). Movement of the body of the person with ASD can promote the body's lived experience in interaction with the environment (Koch et al., 2016).

Movement to Reduce Anxiety, Stress, and Perfectionism

Anxiety, stress, and perfectionism are interrelated. Anxiety is the level of susceptibility to stress and excessive worry (apprehensive expectations), inability to concentrate, and/or insomnia about events or activities (Sachs & Buffone, 1984; Walkenhorst & Crowe, 2009). Stress is tense arousal as a reaction to internal and/or external factors, which can contribute to anxiety (Hinz, 2019). Perfectionism is the belief that one must be perfect to contribute anything worthwhile from one's own life to anyone else (Hinz, 2019), which can increase both stress and anxiety.

Anxiety as specifically outlined in the Diagnostic and Statistical Manual of Mental Disorders, 5th Edition (American Psychiatric Association [APA], 2013), along with stress and perfectionism, can manifest in both the mind and the body (APA, 2013; Hinz, 2019; Thayer, 2003). In the mind, these three things can all manifest as pervasive thoughts of worry and moods including fear, fatigue, and instability; and in the body, symptoms can include increased muscle tension, fidgeting, sweating, pounding heart, and dry mouth (DSM-5, 2013; Hinz, 2019; Thayer, 2003). These symptoms of the mind and body both play off each other; for instance, low blood glucose levels can contribute to increased hunger, irritability, and anxiety (Hinz, 2019; Thayer, 2003).

Movement, specifically as different kinds of physical activity or therapy, has been shown to have benefits for anxiety, stress, and perfectionism (Anderson & Shivakumar, 2013; Hinz, 2019; Thayer, 2003). Regular physical exercise has been shown to markedly reduce stress and enhance positive affect, including decreased levels of perceived stress and enduring resilience to stress (Garcia, Archer, Moradi, & Andersson-Arnten, 2012; Salmon, 2001; Weidenhofer & Koch, 2017). Adults who engage in regular physical

exercise experience less depression and anxiety symptoms (Anderson & Shivakumar, 2013; Byrne & Byrne, 1993). Specific types of movement with such benefits include walking, running, dancing, and making art (Brauninger, 2012; Collins, 2019; Hinz, 2019; Koch et al., 2014; Thayer, 2003).

Movement in Art-making

Art-making offers individuals expression through the process of creating, which includes the use of movement (Blomdahl et al., 2016; Hinz, 2019). This expression provides an outlet for individuals to show feelings, practice making decisions, tolerate frustrations, and explore their internal self; all of these are important themes in addressing anxiety and assisting self-care (Drass, 2015; Hinz, 2019). Art-making has been shown to provide benefits that can help relieve anxiety and improve self-care: these benefits include the elevation of mood and mindfulness, the reduction of stress and pervasive anxious thoughts, increased coping with anxiety's physical symptoms, and increased awareness and acceptance of one's body and mind, including activity levels and abilities (Blomdahl et al., 2016; Hinz, 2019; Rubin, 2016; Sandmire et al., 2012).

Movement in art-making can be viewed through bodily and kinesthetic sensations (Hinz, 2009). Being in touch with bodily sensations is crucial to addressing anxiety and improving self-care, and kinesthetic sensations are movements, rhythms, and actions that are experienced by the body (Collins, 2019; Hinz, 2009). Art-making can be a kinesthetic process that promotes the release of anxiety from the body through movement, action, and rhythm (Hinz, 2009, 2019).

Self-care

Definition. No single definition exists. Depending on one's career and the authors that one reads, self-care has many various definitions (Terrell, 2016b). Self-care is part of one's lifestyle, influencing one's well-being and how one both views and responds to one's environment (Terrell, 2016b). Simply put, "self-care is a lifelong, individualized process of attending to" one's own needs, which may include stress relief and emotional regulation (Starrett, 2010; Terrell, 2016a, About section, para. 2).

For helping professionals. Self-care is a process in which a helping professional (i.e., nurse, social worker, therapist, etc.) continually develops an understanding of how to maintain well-being and applies this understanding through many different means, including movement (Hinz, 2019; Malinowski, 2014; Terrell, 2016b). Specifically for therapists, comprehensive self-care includes self-awareness, self-regulation, and the balancing of connections among the self (professional, psychological, physical, and spiritual), others (personal and professional relationships), and the larger community (civic and professional spaces) (Baker, 2003). Self-care includes awareness of hazards and self-care principles of any helping professional, acceptance of hazards and vulnerabilities of the chosen helping profession, as well as the need to continually incorporate and practice self-care principles (Hinz, 2019; Malinowski, 2014). Self-care is key to every helping professional's well-being and their ethical practice; if a helping professional does not care well for themselves, they will not be able to care well for clients and endure in their professional functioning over time (Hinz, 2019; Malinowski, 2014; Norcross & VandenBos, 2018). Therapists specifically need self-care to avoid boredom and burnout in their careers and personal lives (Starrett, 2010).

Self-care also helps to establish the helping professional's well-being as a way of life that is oriented toward optimal health, integrating body, mind, and spirit in living life more fully (Hinz, 2019; Malinowski, 2014). Self-care specifically can assist therapists in maintaining motivation and creativity in their careers and personal lives (Starrett, 2010). This integration of the body, mind, and spirit can be supported through movement in self-care (Hinz, 2019; Malinowski, 2014). Specific types of movement that have been shown to be helpful for the self-care of helping professionals, particularly mental health counselors and art therapists like this researcher is becoming, include art-making and regular exercises of breathing, yoga, and walking and/or running outside (Fibbins et al., 2018; Hyatt, 2019; Hinz, 2019). These specific movements include benefits of increased positive emotions, improved cognitive functioning, enhanced sleep, increased strength, and decreased fatigue (Fibbins et al., 2018; Hinz, 2019). Accordingly, all of these specific exercises were considered for this research study.

For people with ASD. The current literature on self-care for people with ASD primarily defines self-care as basic daily tasks to maintain health and societal norms, which particularly children with ASD may have a hard time learning (Jamison & Schuttler, 2017; Kern, Wakeford, & Aldridge, 2007). Such tasks include hand-washing, maintaining overall body hygiene, and selecting appropriate clothing; children with ASD may have a hard time learning these tasks due to difficulties with changing habits to take up new routines, communication, and sensory processing (Jamison & Schuttler, 2017; Kern et al., 2007). The primary focus of this literature is on helping teachers and caregivers empower these children to learn and perform basic self-care tasks, in order to

improve positive self-perception, self-confidence, and independence (Jamison & Schuttler, 2017; Kern et al., 2007).

Self-compassion

Definition. Self-compassion is an important component of effective self-care, which “entails being kind and understanding toward oneself... rather than being harshly self-critical” (Duran & Barlas, 2016; Neff et al., 2007, p. 139). This kindness and understanding involves viewing one’s experiences as not isolating but as part of the overall human experience, not over-identifying with but holding thoughts and feelings in mindful awareness (Duran & Barlas, 2016; Neff et al., 2007). Self-compassion has been found to help buffer against anxiety and is associated with increased emotional and psychological well-being (Duran & Barlas, 2016; Neff et al., 2007).

Self-compassion is thought to enhance well-being because it helps individuals to feel calm, cared for, and connected (Neff et al., 2007). It is proposed that self-compassion deactivates one’s threat system (associated with feelings of insecurity and defensiveness) and activates one’s self-soothing system (associated with feelings of security and safety) (Duran & Barlas, 2016; Neff et al., 2007). The self-soothing qualities of self-compassion are thought to help grow increased capacities for intimacy, emotional regulation, exploration, and effective coping with one’s environment (Neff et al., 2007). Simply put, “self-compassion offers people the opportunity to realize their own feelings,” which can promote the increase of emotional intelligence and regulation, psychological resilience, and psychosocial adjustment (Buran & Barlas, 2016, p. 182).

For helping professionals. Those who work in helping professions, specifically in mental healthcare, should know that having care and compassion for others needs to

include having care and compassion for themselves (Raab, 2014). Mental healthcare workers are particularly vulnerable to compassion fatigue and stress overload, due to emotionally exhausting work environments and the output of both empathy and compassion necessary to provide effective mental healthcare (Raab, 2014; Raab, Sogge, Parker, & Flament, 2015). In addition, many mental healthcare workers and students are female and have been trained by society to operate as others-oriented caregivers, which may further exacerbate compassion fatigue and burnout (Dorian & Killebrew, 2014). Self-compassion for mental healthcare workers can be a viable “means of resiliency against stress, burnout, and emotional exhaustion” (Raab et al., 2015, p. 504).

Self-compassion can help reduce maladaptive coping, increase willingness to accept and experience emotions, and promote self-care and well-being (Raab et al., 2015; Thompson, 2017). Therapists can use self-compassion to increase body awareness, kindness, empathy, and internal wisdom; and it can be an effective coping strategy in remaining present and self-regulating while working with clients and caring for the self (Thompson, 2017). The practice of self-compassion includes “noticing physical sensations, self-soothing, releasing suffering, compassionate messages, reestablishing a safe space, grounding, and forgiveness” (Thompson, 2017, p. xx).

For people with ASD. The current literature on self-compassion with ASD primarily focuses on the importance of self-compassion for caregivers of people with ASD (Duran & Barlas, 2016). Self-compassion interventions for caregivers have been shown to be effective in increasing well-being and reducing stress, anxiety, and emotional suffering (Duran & Barlas, 2016). Such interventions often include psychoeducation and counseling geared toward enhancing psychological strength,

psychosocial adaptation, positive coping, and solidarity of caregivers and families of people with ASD (Duran & Barlas, 2016).

Interventions for self-compassion should continue being enhanced for caregivers, while also being researched and formed for people with ASD (Duran & Barlas, 2016). Difficulties with emotional regulation, including inflexibility and rumination, are a common issue for individuals with ASD (Cai, Richdale, Uljarević, Dissanayake, & Samson, 2018; Conner & White, 2018). Such difficulties have been associated with a variety of negative health outcomes, including anxiety, depression, and self-harm (Cai et al., 2018). One crucial component of effective mental healthcare for people with ASD, which helps to mitigate these negative outcomes, is societal support (Camm-Crosbie, Bradley, Shaw, Baron-Cohen, & Cassidy, 2019; Duran & Barlas, 2016). Lack of societal support has been associated with increased risk of the previously mentioned negative health outcomes and other mental health problems, including suicidality in both children and adults with ASD (Cai et al., 2018; Camm-Crosbie et al., 2019).

Mindfulness

Definition. Mindfulness is a way of cultivating increased awareness that was originally developed as “a form of meditation... from the Theravada tradition of Buddhism; the 2500-year-old practice known as Vipassana” (Raab et al., 2015, p. 504). Mindfulness today is often understood as an important component of self-compassion and self-care that includes practicing awareness in the present moment and acknowledging both thoughts and emotions without judging them (Conner & White, 2018). Mindfulness seeks to modify how one relates to one’s own thoughts and emotions, through separation of oneself from those thoughts and emotions by acknowledging them

without evaluating them (Conner & White, 2018). Through this continual awareness and modification, mindfulness aims to help people live each and every moment of their life as fully as possible (Raab, 2014).

For helping professionals. Mindfulness interventions have potential to increase compassion for both helping professionals and their clients (Raab et al., 2015). Specifically, therapists who are self-critical and lack self-compassion tend to be more critical of clients and to have poorer client outcomes; mindfulness training has been shown promote compassion, positive affect, kindness, acceptance, professional skills, and the therapeutic alliance (Dorian & Killebrew, 2014; Raab, 2014). Mindfulness training has also been shown to have similar benefits such as reducing stress, elevating well-being, and promoting cognitive and behavioral flexibility for graduate students training to be therapists (Dorian & Killebrew, 2014).

For people with ASD. Mindfulness has been shown to effectively target emotional regulation difficulties, reduce symptoms of anxiety and depression, and increase overall well-being (Conner & White, 2018). Mindfulness and acceptance-based interventions (MABI) for people with ASD have been shown to effectively decrease the amount of attention given to their sensory input, which can be useful in modifying the intensity of their emotional experience; it also helps them to maximize their view of their strengths, thus strengthening their self-identity (Conner & White, 2018). Another approach, mindfulness-based cognitive therapy (MBCT), has been shown to be effective in relapse prevention of depressive episodes, reduction of depression, anxiety, insomnia, and rumination, and increased positive affect and well-being for people with ASD (Conner & White, 2018).

Breath counting. Breathing has been traditionally used as a way to promote mindfulness (Levinson et al., 2014). While research on mindfulness benefits continues growing, breath counting has been proposed as a behavioral measure of mindfulness (Levinson et al., 2014). Breath counting depends on direct perception of the experience of breathing in the present moment and awareness that the experience is happening, which facilitates the returning of attention to breath whenever the mind wanders (Levinson et al., 2014). Controlled breathing exercises, such as breath counting, have also been shown to promote positive stress coping behaviors (Kharya, Gupta, Deepak, Sagar, Upadhyay, Kochupillai, & Anand, 2014; Levinson et al., 2014).

Challenges for Beginning Art Therapists

A beginning art therapist is a graduate student or new professional working in the integrative mental health and helping profession of art therapy (Hinz, 2019). As every graduate student and new professional enters the field of art therapy, each one must continuously construct their own professional identity (Kapitan, 2012). Constructing one's professional identity as an art therapist requires finding balance between expectations formally attached to one's roles as both artist and therapist and one's sense of competency as artist and therapist (Kapitan, 2012). In this construction, graduate students and professionals must reach an understanding of art therapy that is in agreement with their personal beliefs and feels authentic to them (Kapitan, 2012).

In this process, professional identity issues have been frequently reported, including the nature of art therapy as an emerging profession and the qualifications of art therapists as mental health professionals (Jue & Ha, 2018; Kapitan, 2012). Such issues also include dual identity as artists and therapists, as well as low professional self-esteem

producing feelings of defensiveness or envy towards other professions that are already well-established (Kapitan, 2012; Orkibi, 2010). Many art therapy graduate students have reported frustration with being taught in school that art therapy is a profession yet not feeling like they were experiencing that in their work after graduation (Feen-Calligan, 2012). For instance, art therapy cannot be billed like counseling can in many states; and it is often viewed by other healthcare professionals and members of the public as merely fun and not clinically useful (Feen-Calligan, 2012).

Professional identity issues are important to consider for the beginning art therapist, as these issues tie in closely to career commitment, job satisfaction, burnout, and self-esteem, all of which connect back to self-care (Hinz, 2019; Jue & Ha, 2018). Career commitment and job satisfaction significantly predict burnout, and self-esteem functions as a mediator between the two (Hinz, 2019; Malinowski, 2014; Jue & Ha, 2018). Collective self-esteem affects subjective well-being, which is the goal of self-care (Hinz, 2019; Malinowski, 2014; Jue & Ha, 2018).

Multiple sources have found that professional identity formation for beginning art therapists can be assisted through movement in self-care; movement can help meet the high self-control demands of work, have more positive attitudes toward others and self, and improve health and body (Fibbins, Ward, Watkins, Curtis, & Rosenbaum, 2018; Norcross & VandenBos, 2018; Orkibi, 2012, 2016; Schmidt, Beck, Rivkin, & Diestel, 2016). Orkibi (2012, 2016) has shown art-making to be a useful form of movement in self-care and of expression for beginning art therapists. Kapitan (2012) has agreed, stating that artistic expression, as a practice beginning in graduate school and continuing into professional life, facilitates integrative power for reflection on and expression of

meaningful experience, along with trust in art's power. Orkibi (2016) has also found that artistic-social personalities seem to offer a protective buffer against burnout.

Accordingly, opportunities for expression in therapy and supervision, particularly for students, can assist in the formation of personal and professional identity (Moon, 2015). Many students experience their art therapy education as stressful and anxiety provoking due to the life transitions involved in attending graduate school and in developing personally and professionally (Moon, 2015). Doubts about art therapy being what one truly wants to do and whether or not one can truly succeed in art therapy are common (Moon, 2015). Therapy and supervision can hold the space for these doubts while encouraging growth with care, compassion, and mindfulness (Moon, 2015).

CHAPTER III

METHODOLOGY

Action Research Self-Study

Action research is studying and learning what to do through doing, in order to change or improve one's practice, one's understanding of their practice, and/or the environments in which one's practice takes place (Kapitan, 2018). This change process is conducted in an iterative cycle of discovery – act, evaluate, reflect, and act (Kapitan, 2018). This process can be framed in three ways: technical reflection in action, practical reflection on action, or emancipatory reflection about action (Kapitan, 2018). Practical action research, the form used in this self-study, focuses more broadly on self-awareness and using it to build a capacity for improving practice. This kind of action research is conducted in collaborative partnership with the professional's own practice, and is motivated by what concerns or confuses the professional and what the professional finds challenging or rewarding (Chenail, 1992; Ravitch, 2014). It combines a personal desire for change with a desire to improve professional practice; while also acknowledging professional expectations and finding ways of working within these expectations (Casey, 2012). My action research self-study used self-awareness as a means of improving practice as a beginning art therapist (Kapitan, 2018), specifically by exploring what movements would improve self-care and reduce anxiety, stress, and perfectionism.

Kapitan (2018) defined three components of an action research plan: preliminary planning, implementation (conducted in “rounds” of hypothesis testing and action), and validation (pp. 158-161). This study began with preliminary planning in the form of answering preliminary planning questions defined by Kapitan (2018). The answers to

these questions were used as a starting place to further define the action research problem and create a hypothesis for the first round of action. This self-study used three rounds of hypothesis testing, action, and reflection. Each round began with a hypothesis to be tested, followed by taking actions based on the hypothesis and concluded with a reflection on the results of the action. The reflection led to the development of a new action hypothesis for the next round. A process of validation was incorporated into Rounds 2 and 3 by having three people (who I will refer to as my Reflecting Team: Heather Leigh, Heidi Fledderjohn, and Stacey Crimans; see Appendix C) provide art-based and verbal reflections on what I shared of my experience of the round. At the end of all three rounds, validation criteria proposed in Kapitan (2018) were examined in order to determine the extent to which I incorporated different perspectives in my process and if my theories and practice had been transformed.

Procedures

Preliminary planning. I first answered the following preliminary planning questions from Kapitan (2018):

What is happening already? What do I think is going on? What are the larger contexts (personal, institutional, cultural, historical, socio-political) surrounding the situation and how they might be influencing the situation? How do I and key others perceive the situation? What is the rationale for these perceptions? What other possibilities are there? Who is being affected by the situation? What would I (and they) like to see change and why? What results do I (and we) wish to achieve? (p. 158)

I then used my answers to these questions to create my problem statement.

Round 1. After determining my problem statement, I created my first hypothesis, which I tested in action for one week from January 30-February 6, 2020. I then created culminating response art, discussed my results with my advisor, and answered the following reflection questions from Kapitan (2018): “Compared with my intended actions, what strategies did I actually put into action? What were the outcome of these strategies? To the extent that these outcomes were unintended, what might account for any discrepancies?” (p. 160)

Round 2. After finishing Round 1, I created my second hypothesis, which I tested with two weeks of action from February 7-20, 2020. I then answered the previously mentioned reflection questions, shared my results with my Reflecting Team, and made a culminating art response.

Round 3. After finishing Round 2, I created my third hypothesis, which I tested with four weeks of action from March 5-April 2, 2020. I then answered the previously mentioned reflection questions, shared my results with my Reflecting Team, and made a culminating art response.

Validation.

After finishing all three rounds, I then examined my project in light of the following validation criteria from Kaptian (2018): “reflexivity, dialectic critique, collaboration, risk, plural structure, and theory-practice transformation” (p. 161). Reflexivity is defined as rigorously critiquing one’s own practice, observations, and evidence gathered from others – this is all done to question “the status quo by closely relating claims to actual experiments, which makes new arguments and actions possible” (Kapitan, 2018, p. 161). Dialectic critique is examining living contradictions (often

between values and practice) as they surface in reflexivity and then dialoguing with those differences, which usually motivates change (Kapitan, 2018). Collaboration of multiple involved viewpoints is a primary agent of change because introspection alone does not produce significant change – “solutions come from plurality, not consensus” (Kaptian, 2018, p. 161). Risk is inevitable since change usually threatens established ways of doing things – one assesses and questions the status quo in order to change (Kapitan, 2018). Plural structure is including multiple viewpoints in action research and results (Kapitan, 2018). Theory-practice transformation is the questioning and evolution of one’s own approach to action and practice (Kapitan, 2018).

CHAPTER IV

RESULTS

Preliminary Planning

Answers to my preliminary planning questions (see Appendix A) highlighted the ways in which stress, anxiety, and perfectionism were directly related to my graduate internship and were also influenced by my autism's life-long preferences for structure and consistency. My current graduate internship was composed of five different sites, with five different supervisors and a constantly changing schedule – there was a lot of uncertainty and a need to coordinate with multiple supervisors, which was stressful and anxiety provoking. I initially defined the situation as feeling “messy, overwhelming, and hard.” However, I also identified that I could view this as a growth opportunity.

Problem set. Answers to my problem set (see Appendix B) highlighted the situation I wanted to change, my underlying assumptions, different dialectic relationships (pairs of opposites related to the situation I wanted to change), and alternative perspectives on my solution. My problem set further defined how my stress, anxiety, perfectionism, and feeling overwhelmed led to my fears of starting more independent work with clients. I was then putting off starting more independent work by pulling back from the experience I needed. That lack of experience began to create even more anxiety. Dialectic relationships I identified were: uncomfortable vs. comfortable; easy vs. hard; perfect vs. imperfect; spontaneous (“Just do it!”) vs. stuck; clean/simple vs. messy; clear (black and white) vs. gray and/or color; boring vs. overwhelming; and academics vs. clinical practice/internship.

In reflecting on alternative perspectives to my situation, one possibility coming up was seeing the space in between the different dialectic relationships as the space where growth happens. Another possibility was that the anxiety about starting with clients may have actually been a “healthy” anxiety indicating growth, but that the stalling had created an “unhealthy” anxiety that included ruminating about myself in comparison with students and wondering if I would successfully complete internship and finish the program. In light of those possible alternatives, my initial goal for this project evolved into first identifying what healthy anxiety feels like compared to unhealthy anxiety, understanding that healthy anxiety is the space between and where growth happens. I could begin by first just noticing: “What movements that I do as I go through my everyday life reduce unhealthy anxiety and therefore feel good?”

Round 1

Hypothesis. *If...* I spend one week observing my natural movements as I go through life and noting when I experience a decrease in unhealthy anxiety (which will hopefully feel good!) and also document these daily in a journal (words and art) and culminating art work, *Then...* I’ll have an idea for what movement(s) I want to try in Round 2.

Intended actions. Just notice (see hypothesis). Journal and make art about my noticing at the end of each day. Read through all of my notes from the week on the last night of the round and then create a piece of culminating response art.

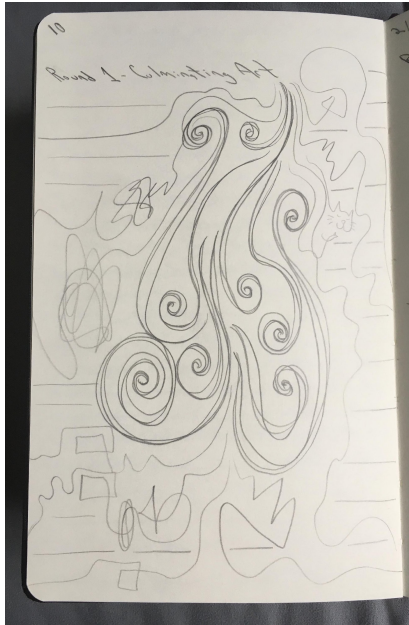
Actions taken. I actively noticed, evaluated, and reflected on my daily movement. I journaled and made art for every day of the week that I did this. I read

through all my notes from the week and then made a culminating piece of art at the end of this round.

Key notes from journal. Throughout my week of noticing, my days shifted between days with lots of movement and days without much movement at all. My days with lots of movement tended to be on days full of class and internship requirements. I noticed rapid moving and stopping on days I had art cart with one of three hospitals for internship: I would quickly drive to the hospital, run inside, and then slowly walk around offering art cart, stopping to make art with any interested clients. I noticed how my daily movement tended to happen in shifts of slow motion (often due to tiredness) to rapid motion (often due to anxiety).

One moment where my movement really relaxed this week was in my group supervision class where we did dollmaking. My teacher brought in a couple of dolls as examples, including her baby doll that strongly resembled the doll I had as a baby. My classmates and I each got to hold the baby doll, and I noticed that I didn't want to let it go. My movements of hugging it (pulling into my core) and constant smiling felt really good (nurturing). A few other relaxing movements that I noticed throughout the week included playing with and cuddling my roommate's cats, going through the typical rhythms of my church's service, and box breathing (method of counting breath to promote mindfulness, which I learned from my internship site – inhale for a count of 4, hold for a count of 4, exhale for a count of 4, hold for a count of 4, repeat cycle as many times as needed). In noticing my movements I saw rhythms of work and rest at work in my life, including how pausing for box breathing helped with spikes in anxiety while I was interacting with clients at internship.

Figure 1: *Round 1 Culminating Artwork.*



Outcomes. I intended to actively notice my movements for 1 week, and I did. I also intended to journal and make art every day. I did not end up journaling every 24-hours, but I did make art for every day of the week I did this round. In noticing my movement, I found that I had never really noticed my movement before until I was really focusing on it. I noticed a couple movements in particular that seemed to help my anxiety: cuddling/pulling into the core (with a doll, cats, etc.) and box breathing. I noticed in my art-making that spirals were repeating and that in my final art piece, movement was primarily occurring in the core of the image. I also came to realize how pulling into the core movements, done in private, seem to help my anxiety by grounding and centering me. Overall, the outcomes of these strategies were that I realized that I needed to try some of these movements in Round 2.

Round 2

Hypothesis. *If...* I hug a stuffed animal every morning before I leave for each day, I stop and do a hugging and pulling into core movement during transitions (like arriving at a hospital for internship), I stop and do box breathing when I notice anxiety in the moment, and when I get home each night I play with pets, *Then...* at the end of the two weeks I will have less anxiety.

Intended actions. I intended to test a series of movements that I expected would decrease my anxiety – hugging a stuffed animal in the morning, hugging/pulling into the core during daily transitions (for example, when arriving to a new internship site), box breathing whenever I noticed anxiety, and cuddling and/or playing with my roommate's cats each night. I also intended to journal and make art every day for the two weeks.

Actions taken. I continued noticing my daily movement. I did hug a stuffed animal every morning but one. I almost never remembered to hug/pull into the core during daily transitions. I did box breathing every day. I cuddled and/or played with my roommate's cats every night except for a weekend when they were out of town. I journaled and made art for every day of the two weeks that I did this round, along with a culminating art piece at the end of this round. My Reflecting Team (Heather, Heidi, and Stacey) also made culminating art in response to my process.

Figure 2: Round 2 Reflecting Team Artwork.

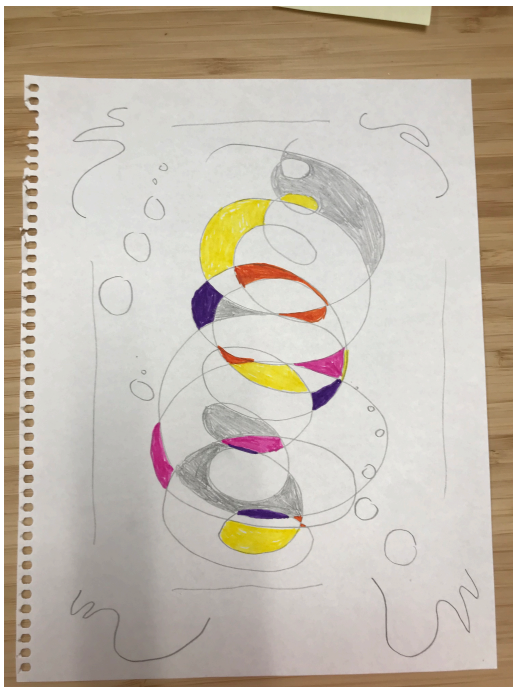
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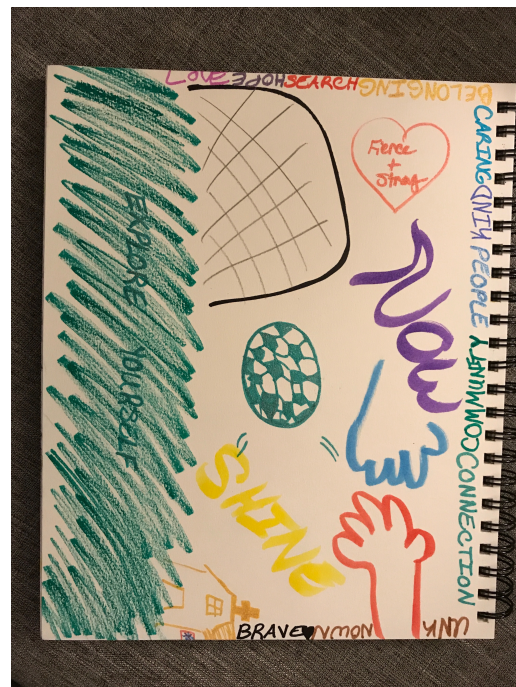
Heather:



Heidi:



Stacey:



Outcomes. In doing this round, I realized that the most anxiety reducing movements were hugging, especially the cats and my favorite stuffed animals, and box breathing. I also noticed that the most anxiety reducing movements were ones that I had already noticed myself doing in Round 1, that it was hard for me to add on new movements in Round 2. In reflecting on all of this and where to go for Round 3, I realized that I'd gone into my research thinking that I needed to discover new movement(s) to help reduce my unhealthy anxiety. Yet what I was finding was that I most needed was to realize what movements already worked for reducing my anxiety and focus on doing those, frequently and intentionally.

Hugging a stuffed animal, box breathing, and cuddling and/or playing with my roommate's cats all really helped to reduce my anxiety, especially my unhealthy anxiety in the moment. Because the movements that I ended up doing the most were ones that I had noticed myself already doing in Round 1, I hypothesized that once I'm in the habit of doing a specific kind of movement, I'm more likely to do it regularly. It was hard for me to add on additional movements and also to keep up with multiple kinds of movement and/or noticing.

In my art-making, I noticed that heart shapes and boxes often appeared, perhaps as representations of hugging/cuddling and box breathing. These shapes also showed up in both mine and Heather's response art. We reflected together how my noticing/exploring of different movements was both helpful and not helpful at times, how familiarity and routine help me with this noticing/exploring, and how the waves and hearts in our art could represent rhythms of life and love for me.

In viewing and discussing Heidi and Stacey's work with them, all three of us were struck by both the common use of circular forms in everyone's art work and my finding grounding in old rhythms and familiar movements for myself. I mentioned with both how circular forms commonly occur in my artwork and how the soccer ball portrayed in Stacey's art honors a familiar movement from my past. Familiarity revealed itself in Round 2 reflection to be an important concept. I realized that I was looking for safety in anxiety and finding that the most effective movements for reducing my unhealthy anxiety were ones that I was already familiar with. I decided my project was more about finding what movements were already working for me and honoring those movements in the moment, rather than finding new movements. Another key realization was seeing how this honoring allowed myself to be nervous and to care for myself with compassion.

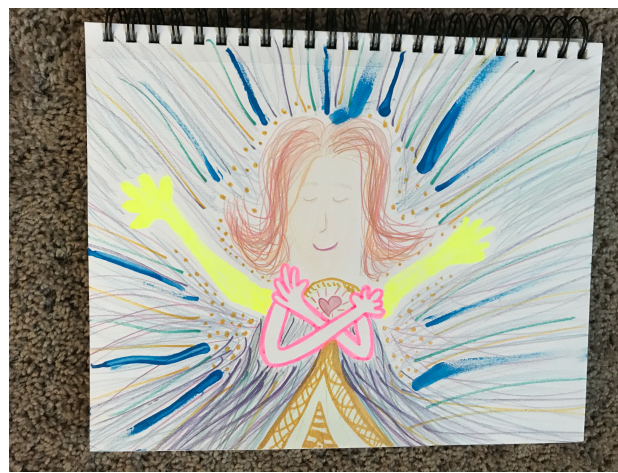
During this same time, I received feedback in my group supervision class that my inner critic was loud and that I needed to think more about what it meant to be good enough as a person and a beginning therapist. This feedback, combined with my discussion with Heidi, made me aware of how unhealthy perfectionism was also getting in my way. Heidi pointed out that if I could learn to be ok with not being perfect and sometimes being nervous, I could then reduce both my unhealthy anxiety and perfectionism. Accordingly, I decided that in my third and final round, I would add messages of self-compassion with my movement practices during times of anxiety.

Round 3

Hypothesis. *If...* when I notice that I am nervous I do box breathing and tell myself “it’s ok to be nervous” and if I do regular self-soothing movement every day (hugging a stuffed animal each morning and playing with pets each evening) *Then...* my unhealthy anxiety and perfectionism will decrease and I will be kinder to myself.

Intended actions. I intended to notice my daily movement, hug a stuffed animal in the morning, box breathing whenever I noticed anxiety, play with pets each night, and say to myself whenever I noticed anxiety, “It’s ok to be nervous.” I also intended to journal and make art for every day that I did this round, along with a culminating art piece at the end of this round.

Actions taken. I noticed my daily movement, hugged a stuffed animal every morning, usually did box breathing whenever I noticed anxiety, played with pets every night, and usually said to myself whenever I noticed anxiety, “It’s ok to be nervous.” I didn’t journal or make art every day. As the round continued, I had a harder time remembering the box breathing and saying to myself that it’s ok to be nervous, particularly as this round fell during the beginning of the Indiana governor’s stay-at-home order due to the COVID-19 pandemic. I experienced increased stress and anxiety due to all the changes that occurred in this pandemic. All my internship services and classes shifted to virtual space for the rest of the semester. However, my Round 3 practices definitely helped lessen the intensity of my stress and anxiety in the moment during this time. Heather, Heidi, Stacey, and I all made culminating art in response to my process.

Figure 3: *Round 3 Reflecting Team Artwork.***Ilene:****Heather:****Heidi:****Stacey:**

Outcomes. In doing this final round, I realized that in the past I had thought of anxiety as something wrong with me; but it is not “wrong” to be nervous, anxiety is ok. During this round, I noticed that I started saying “it’s ok” related to other feelings as well, which I did not expect and was pleasantly surprised by.

I also developed a new self-message about my internship experience, related to what it means for me to be “good enough.” I told myself, “It’s ok, I’m still growing and

learning, and I will finish well.” Accordingly, I discovered that the overarching self-message of “it’s ok” reduced my unhealthy perfectionism. I realized that it’s ok to be ok. This idea is represented by color; it’s not black and white or right and wrong, it’s colorful and wonderful. “It’s ok and that’s great!”

I also realized that art is sometimes not the best form of self-care for me, and that’s ok. Just because I’m an artist and a beginning art therapist doesn’t mean that art making is always the best way to reduce my unhealthy anxiety and perfectionism. In this round, daily journaling and art-making clearly weren’t useful for me; I never did them while attempting to manage my anxiety with all the COVID-19 changes.

Another realization that I had during this round was how closely my inner critic is linked to my unhealthy anxiety and perfectionism. My inner critic motivates me to do my best, yet rips me apart when it doesn’t feel that I’ve done my best. I found that in letting go of my need to be perfect and in honoring the movements I need in my moments of anxiety, I could reduce my unhealthy anxiety and treat myself with more self-compassion even in stressful situations.

Validation

After finishing all three rounds, I then examined my project in light of the following validation criteria from Kaptian (2018): “reflexivity, dialectic critique, collaboration, risk, plural structure, and theory-practice transformation” (p. 161).

Reflexivity. Before starting and throughout the course of my project, I utilized the preliminary planning and reflection questions from Kapitan (2018) to rigorously critique my own practice, observations, and evidence from others. I realized that I could view my current situation (in my anxiety inducing delays in independent work) as a growth

opportunity. My goals for this project began to evolve into wanting to achieve less unhealthy anxiety, more comfortability with the known and unknown, courage in using this opportunity to become a more independent adult and art therapist, and compassionate pride in myself no matter what. Using the reflection questions and my Reflection Team's responses throughout my project, I was able to evaluate and hone my project goals.

Dialectic critique. Throughout the course of my project, I had a heightened awareness of the “living contradictions,” or key dialectics related to the situation that I wanted to change as uncovered in creating my problem set (see Appendix B) (Kapitan, 2018, p. 161). Some dialectic relationships that I knew of going into my project were of how my internship experience felt more uncomfortable, hard, imperfect, and messy in comparison to how my classroom experience felt more comfortable, easy, perfect, and clean/simple. After all, I'd been in classes for most of my life and done well – my current internship experience/clinical experience had only been occurring for the past year and mostly felt like a struggle. One key dialectic relationship I discovered during my project was how my inner critic motivates me to do my best, yet rips me apart when it doesn't feel that I've done my best. As I continued and completed my project, I realized how both my perfectionism and anxiety could be healthy or unhealthy, that just because I was feeling anxiety and/or failure didn't mean that I couldn't grow and succeed in my internship experience, and that I could consistently treat myself with compassion and be proud of my growth, however it was occurring. By reflecting on these contradictions related to my outcomes, I was able to see the middle ground of these dialectics as the space where growth could occur.

Collaboration. Before starting and throughout the course of my project, I collaborated with classmates and colleagues to gain group perspectives in addition to my introspection, in order to make true change (Kapitan, 2018). Round 1 of my project really started with one of my classmates suggesting that I simply start by noticing my movement. I also sought others' perspectives by collaborating with the three people in my Reflecting Team to listen, discuss, and make reflective art throughout my project.

Risk. I intentionally chose to use an action research methodology to challenge my life-long preferences for structure and consistency. As someone with autism who also identifies as a recovering perfectionist, it felt risky, yet necessary, to use an action research model, which is constantly evolving with one's project.

Plural structure. As previously mentioned, I collaborated with my Reflecting Team regularly in order to include multiple viewpoints and so facilitate true change. The multiple viewpoints included the art, which served as its own visual viewpoint, and numerous discussions with each member on my Reflecting Team. The art and discussion in particular encouraged the evolution of my project.

Theory-practice transformation. During the course of my research, my theory, practice, and myself as a person all transformed. I went from feeling that I had to be the perfect therapist (as independent and skilled as my peers or even my supervisors or even more so than them all) to being ok with being the good enough therapist (the best therapist I can be at the time with the resources that I have). This transformation was obvious to others and myself throughout my final semester of graduate internship. As evidenced in comments from my supervisors at the end of the semester, all of them noted an "explosive" increase in my therapeutic and professional skills. In my final evaluation,

I was commended particularly for huge improvements in my flexibility and time management, especially with the impacts of COVID-19. Accordingly, we all noticed improvement in my ability to adapt to ever-changing site needs, to change gears as needed in sessions for client needs, and to ask for clarification when needed regarding communication. As described in my preliminary planning phase, these things had previously been difficult for me.

CHAPTER V

DISCUSSION

Overview of Project Evolution

Before beginning. Movement in self-care has helped me for a long time. Accordingly, I was excited to be supervised by Heidi Fledderjohn, a dance/movement therapist, during internship in Fall 2018. It was fascinating to see how movement can be used in therapy, and it was a privilege to observe and model movements used for treatment. However, I struggled in switching to supervision with an art therapist in Spring 2019, specifically in transitioning from observing and physically modeling dance/movement therapy (DMT) to observing art therapy. This transition was a big shift in the use of my body in observing and facilitating therapy; I was also experiencing increased stress, anxiety, and perfectionism, as I felt pressured to catch up to classmates already starting independent work with clients.

In starting my second year internship, I was excited yet nervous to start more independent work. I felt prepared and had been working to address how my stress, anxiety, and perfectionism affected me. Yet I began re-experiencing increased stress, anxiety, and perfectionism, this time in adjusting to a new internship site with expectations for increased responsibility.

Fall 2019 proposal. My internship supervisors and I were all seeing challenges that I needed to address, which included interpersonal communication and flexibility in adjusting to change. In my anxiety surrounding my desire to transition into more independent work, I had sometimes been holding back from confidently stepping into

more independent work. I was also feeling more stressed and anxious in managing a busier schedule and maintaining self-care.

I decided that I wanted to address my challenges through an action research self-study. My research question was: “How can I, as a beginning art therapist, use movement to improve self-care; reduce anxiety, stress, and perfectionism; and accept my own rate of growth and progress?” I was planning to start my first of possibly 2-3 rounds of action research with a 4-6 week dance class. I was hypothesizing that the dance class would address my anxiety and challenges in interpersonal interactions; dance is a movement that can decrease anxiety, specifically in sustaining social relationships, for people with Autism Spectrum Disorder (ASD) (Devereaux, 2017; Koch et al., 2014b; Menear & Neumeier, 2015). After the dance class, I was expecting that I would continue using dance in my self-care or choose a new movement from my literature.

Spring 2020 research. But as I started my research by going through the preliminary planning questions from Kapitan (2018), my research focus began to change. I realized that I was experiencing anxiety around graduate internship and was comparing myself, often unfairly, with classmates who were ahead of me in independent work. In examining my situation’s context, I saw that my anxiety was influenced by my autism’s life-long preferences for structure and consistency. My internship was five different sites with five different supervisors and a constantly changing schedule; the uncertainty had been difficult to cope with. However, part of adulthood is being ok with change; I could view my situation as an opportunity. My project goals evolved into wanting to achieve more comfortability with change, becoming a more independent adult and therapist, and compassionately taking pride in myself no matter what. My problem statement changed:

As a beginning art therapist, I want to determine what movement practices will be effective in my self-care, in order to identify both healthy and unhealthy anxiety; reduce my unhealthy anxiety, stress, and perfectionism; and to accept my growth and progress.

I realized that starting my action research rounds with a dance class was not right. But I wasn't sure what I should do until I talked with some classmates. One of my classmates asked if I had thought about starting with simply noticing my movement, rather than immediately trying a new movement. I realized that simply noticing my movement was exactly what my first round should be, and this noticing kicked off the evolution of my research and growth in Spring 2020.

Key Findings

Start by noticing. In completing my first round, I realized that I had never really noticed my movement until I was focused on noticing it. I also realized that I experienced decreased unhealthy anxiety with the movements of cuddling/pulling into the core (with a stuffed animal, cats, etc.) and box breathing. These movements seemed to help my anxiety by grounding and centering me, they also fit well with literature on repetitive movement being used as anxiety-reducing and self-soothing for people with ASD (Devereaux, 2017; Koch et al., 2014b; Koch et al., 2016; Menear & Neumeier, 2015; Sossin, 2015). The specific movement of cuddling/pulling into the core being helpful for me is echoed by Temple Grandin in our shared craving for deep pressure and control in hugging/holding as people with ASD (Toigo, 1992). Therefore, in my second round, I intended to test the movements of cuddling/pulling into the core and box breathing with some modifications, including doing these movements at certain times. An example of a time was during any transitions, such as arriving at a hospital for internship, as I had

realized that I tend to experience increased anxiety during these transitions. This discomfort with transition fits with literature on people with ASD preferring repetitive structure and consistency (APA, 2013; Koch et al., 2016; Menear & Neumeier, 2015).

Familiarity. However, in completing my second round, I realized that it was hard for me to add onto the movements that I was already doing, which were ones that I had been doing throughout my life. I also almost never remembered to do these movements during transitions specifically, although I did do box breathing whenever I noticed anxiety in the moment and found that to be helpful. In reflecting on all of this and deciding what to do for my third round, I realized that I'd gone into my research thinking that I needed to discover new movements to use in my self-care to help reduce my stress, anxiety, and perfectionism. Yet I was finding that what I most needed was to realize what movements already worked in my self-care for reducing my unhealthy stress, anxiety, and perfectionism. Then I needed to focus on doing those familiar movements as my need for them came up in the moment. This realization was also supported in my literature, specifically by Hinz (2019) in her point about how both effective self-care and an enriched life require not constantly searching for new activities to add to one's life but rather maintaining flexible routines with familiar patterns in one's life.

Mindfulness and self-compassion. I started my action research with my first round of just noticing, which is a form of mindfulness. In then finishing my second round and beginning my third round, I realized that I needed to honor my familiar movements in my moments of anxiety by caring for myself with compassion. I had been receiving feedback in my group supervision class and discussions with my reflecting team about how my unhealthy stress, anxiety, and perfectionism were getting in my way of

developing as a person and beginning therapist. In all this feedback, I began to see how being ok with not being perfect and sometimes being nervous could help with reducing my unhealthy stress, anxiety, and perfectionism.

Accordingly, in my third and final round, I began formally introducing mindfulness and self-compassion into my movement practices during times of anxiety. This more formal introduction fit well with both my evolving findings and the literature, as both mindfulness and self-compassion have been shown to be effective in self-care for helping professionals (Raab, 2014; Raab et al., 2015). So whenever I became nervous, I would do box breathing while telling myself that it was ok to be nervous.

Self-acceptance. As I completed and reflected on my final round, I realized that I had previously thought that feeling any anxiety was wrong but that I now saw that it wasn't wrong to feel anxiety. I also found myself saying that it was ok to feel other emotions as well and to not be perfect. This finding and rewiring of my response led to a major transformation of myself as a person and professional: I went from feeling that I had to be the perfect therapist (as independent and skilled as my peers, my supervisors, or even more so) to being ok with being the good enough therapist (the best therapist I can be at the time with the resources that I have).

Limitations

The two major limitations of my research were found in multiple perspectives and time allotted to complete the study. Action research emphasizes the importance of taking in multiple perspectives, including from people directly involved in whatever situation the researcher is, over time (Kapitan, 2018). While I did utilize multiple perspectives in my research from classmates, colleagues, and my Reflecting Team, I did not formally

utilize perspectives from internship supervisors, who were directly involved in my challenges coming up in internship. However, this was primarily due to the relatively short time period of a semester in which I had to do my action research rounds; I likely would have been able to utilize more perspectives if I'd been able to do my research over a longer period of time.

Implications

Overview. Implications of my research include the usefulness of action research to both promote positive professional development and facilitate the individualization of self-care with self-compassion. My research this semester transformed my theory, practice, and self into being ok with being the good enough therapist, which helped me grow and finish both my internship and my graduate program in Spring 2020. My research gave me tools to evaluate and change professional situations, take better care of myself, and treat myself with more self-compassion, which is invaluable as I step into art therapy as a new professional. My research also gives further credence to the ability of people with ASD to achieve their goals.

Promoting positive professional development. My research promoted this development by showing me the importance of selecting and receiving mentorship from colleagues outside of official supervision capacity, of listening to other perspectives in developing professionally, and of using art-making as a team to reflect. In first creating my proposal, Heather and I agreed that I should ask Heidi and Stacey to be on my research committee and reflecting team. They both knew me previously and could offer insight into different ways of using movement as DMTs.

Perhaps most importantly, Heidi and Stacey were mentors outside of my official supervision capacity who I selected myself, were grounded in their own professional identities, and were open to collaboration across disciplines. All three of these factors were supported in my literature as helpful for art therapy students constructing their own professional identities, particularly as they transition from student to professional (Feen-Calligan, 2012). Along with Heather, they supported me with their consistent feedback throughout my practical action research study, as I grew in self-awareness and learned through doing what practices would work best to achieve my goals (Kapitan, 2018).

One of the ways in which Heather, Heidi, and Stacey supported me was through our use of art-making as a team to reflect. Our making art in response to my second and third rounds of research greatly shaped my project. Specifically in Round 2 is when familiarity revealed itself to be an important concept, through recurring forms appearing in everyone's artwork and the realization that the most effective movements for reducing my unhealthy stress, anxiety, and perfectionism were ones that I was already familiar with. My project changed from finding new movements to discovering what movements were already working and honoring those whenever I needed them. Art-making was supported in my literature as a way to promote professional development through the use of multiple perspectives, reflection on, and expression of meaningful experience (Kapitan, 2012, 2018). Art-making was also supported in my literature as valuable for beginning art therapists in promoting self-care and well-being (Orkibi, 2012, 2016).

Individualization of self-care with self-compassion. In completing my research, I realized how my self-care needed to include self-compassion and be tailored to me. My honoring familiar movements when needed allowed myself to be nervous and to care for

myself with compassion. This realization of my need for self-compassion coincided with my realization that my self-care needed to be tailored to me as an individual. For instance, I realized during my project that while art-making with my reflecting team proved to be useful throughout my action research rounds, I stopped using art-making and journaling as part of my self-care during my rounds. As a beginning art therapist, I've sometimes felt as though I should always be making art for self-care and consequently struggled a little with realizing that it wasn't helpful for me as the rounds went on. However, through learning self-compassion, I was able to realize and be ok with the truth that my self-care just had to work for me – I didn't have to use art-making in a certain way just because I was a beginning art therapist.

Ability of people with ASD to achieve goals. Throughout my life, I've confronted various challenges stemming from ASD, including difficulty communicating, perfectionism, flexibility with change, and misconceptions from others concerning my abilities. Some misconceptions include the notions that people with ASD aren't able to form and maintain reciprocal relationships, hold full-time jobs, or experience empathy (Koch et al., 2014b; Smith, 2009). However, people with ASD like Temple Grandin, the well-known animal scientist and speaker, and myself, a beginning art therapist, are living proof that those misconceptions simply aren't true (Sossin, 2015; Toigo, 1992).

From my experience in the past two years of my master's program and the past year of my capstone project, my challenges stemming from autism have just made becoming a beginning art therapist harder than it likely would be for someone without autism, but not impossible. In fact, some literature would agree that my autism may actually enhance my abilities as a beginning art therapist. For instance, it is now thought

that people with ASD feel not a lack of empathy but rather experience a heightened capacity for empathy and resonance with others (Koch et al., 2014b; Smith, 2009).

CHAPTER VI

CONCLUSIONS AND RECOMMENDATIONS

Self-care is essential for art therapists and helping professionals. Hinz (2019) stated that “movement can promote the physical and emotional release of energy and tension and reduce stress” (p. 41). However, it’s certainly not always easy. It particularly takes courage to evolve with one’s journey through a personal action research study. As I progressed through three different rounds of research, my project changed a lot. Instead of finding new kinds of movement like I had proposed, my project instead evolved into noticing my movement and what movement was already working for me, particularly in reducing my unhealthy stress, anxiety, and perfectionism. I then tweaked and modified these movements to compassionately let myself be nervous and accept my best in the moment. I realized throughout this process that as I accepted my anxiety, that I began accepting other feelings and myself more fully, which showed in an explosive increase of my therapeutic and professional skills over the year I completed this project. This study ultimately empowered me to rewire my responses to anxiety, stress, and perfectionism, to improve my practice as a beginning art therapist, and to step confidently into art therapy as an increasingly independent clinician.

Accordingly, as I have discovered how helpful the action research model has been to me in addressing personal and professional challenges as I continue constructing my identity as an adult and a beginning art therapist. I would recommend this model to other helping professionals, particularly other art therapists and mental health counselors. I would also recommend further research into self-care and self-compassion for people with Autism Spectrum Disorder (ASD). Much of the literature I found focused on these

things for caregivers of people with ASD; while that's important, both can be used by and would likely be helpful for people with ASD, especially as common issues for people with ASD include difficulties with emotional regulation and societal support (Camm-Crosbie et al., 2019; Duran & Barlas, 2016). As a beginning art therapist with ASD, I support and encourage interventions to promote self-care and self-compassion for all people with ASD.

CHAPTER VII

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APPENDIX A

PRELIMINARY PLANNING QUESTIONS

Preliminary planning questions (Kapitan, 2018, p. 158).

What is happening already? I am experiencing a lot of anxiety about “life in general” but specifically around graduate internship. I find myself ruminating about my lack of experience and comparing myself, often unfairly, with other classmates who are ahead of me in working independently with clients. I’m concerned with not being “independent” enough in both internship and my personal life. Some important words coming up are “independent” and “unrealistic expectations.”

What do I think is going on? I’ve felt behind the whole time I have been in graduate internship. I’m comfortable with my graduate classes, but translating academics into practice has been very difficult for me. I tend to get overwhelmed by expectations of competency and the requirement to work increasingly independently, both as an intern and after graduation. I have been consistently afraid to start working more independently with clients, so I have been putting it off by pulling back from or not pushing to begin more independent work with clients due to my anxiety. Now that lack of experience is catching up with me and creating even more anxiety, along with miscommunication of expectations from my internship supervisors and myself (on my side perhaps partly caused by my anxiety). And because of all this, now there is a sudden bump up in the level of independence expected of me.

What are the larger contexts (personal, institutional, cultural, historical, socio-political) surrounding the situation and how might they be influencing the situation?

- Personal: Due to my autism, which primarily affects my nervous system and psychological systems, I have preferred structure and consistency my entire life.
- Family: I frequently hear expectations from my mom and sister to “just do it.” I am very different from my sister, including in our different approaches to adulthood. For example, she is very independent and has been as long as I can remember; she moved away from home at age 18 and has lived on her own ever since. On the other hand, I continued living with our parents during two years of undergrad and one year before grad school. There might be a similarity in me comparing myself with my sister, who is independent, and in me comparing myself to my classmates who are independent, when I am not yet fully independent. This may be causing additional unrealistic expectations (after all, my sister is five and a half years older than me and does not have autism as a challenge). I think additional unrealistic expectations and unhealthy anxiety are occurring as family members increasingly ask me what I will do after graduation.
- Institutional: My internship involves five different sites and I have five different supervisors. When I go to internship, I am going to any of the five sites and interacting with any of the five supervisors. In addition, I don’t have a consistent schedule each week. This experience is full of unknown and inconsistency, both of which are challenging for me. Plus, the scheduling and coordinating process is often not clear, and many supervisors are involved to coordinate with.

How do I perceive this situation? It feels “messy” and “overwhelming.”

What is the rationale for these perceptions? What other possibilities are there? All of this is a growth opportunity; part of adulthood is scheduling and being ok with change.

Who is being affected by the situation? Me. Supervisors. Family.

What would I (and they) like to see changed, and why?

- Me: Less unhealthy anxiety. Realistic expectations (particularly about what a healthy relationship actually looks like with my sister). Understanding and tolerating healthy anxiety as growth.
- Supervisors: Being able to sit with both the comfortable and uncomfortable. I am currently less able to handle questions and questioning because that increases anxiety. I want to focus on answers because that is more comfortable.
- Family: Not so anxious and “just do it.”

What results do I wish to achieve?

- Less unhealthy anxiety.
- More comfortable with the known and unknown.
- Being brave and using this as an opportunity to become a more independent adult and therapist.
- Be proud of myself no matter what I do or do not do.
- Feel confident that being an art therapist is what I want to do, despite the challenges.

APPENDIX B

PROBLEM SET

Steps for designing action plan (Kapitan, 2018, p. 158)

1. **Create a detailed, critically reflexive, and objective description of the situation you want to change.** I am experiencing a lot of anxiety about “life in general” but specifically around graduate internship. I’m comfortable with my graduate classes, but translating academics into practice has been very difficult for me. I am comparing myself, often unfairly, with other classmates who are ahead of me in working independently with clients. I have been feeling consistently overwhelmed and afraid to start working more independently with clients, so I have been putting it off by pulling back from or not pushing to begin more independent work due to my anxiety. Now that lack of experience is creating even more anxiety, and I’m concerned with not being “independent” enough in both internship and my personal life. Accordingly, I want to achieve these results through my action research self-study: less unhealthy anxiety, more comfortability with the known and unknown, increased courage in using this experience as an opportunity to become a more independent adult and therapist, taking pride in myself no matter what I do or do not do, and becoming confident that being an art therapist is what I want to do, despite the challenges.
2. **Reflect on underlying assumptions and judgments that form the theories operating in the situation that are out of my awareness.** Messy.
Overwhelming. Hard.

3. **Examine dialectic relationships (often sets of opposites or polarities), contradictions, and perspectives.**

Uncomfortable --- Comfortable

Easy ---- Hard

Perfect ---- Imperfect

Spontaneous (“Just do it!”) ----- Stuck

Clean/simple ----- Messy

Clear (black and white) ----- gray and/or color

Boring ----- Overwhelming

Academics ----- Clinical practice/Internship

4. **Consider alternative explanations and perspectives.** The space in between these polarities could be the space where growth happens. The anxiety about starting independent work at internship may have been a “healthy” anxiety indicating growth, but the stalling has created an “unhealthy” anxiety that includes comparison with other students and wondering if I will complete internship and the program. Therefore, my goals for this project may be to identify what “healthy anxiety” feels like compared to “unhealthy anxiety,” to understand that “healthy anxiety” is the space between and where growth happens, to reduce “unhealthy anxiety,” and to tolerate “healthy anxiety.” What movements/movement practice could facilitate this goal that I can use as a form of self-care? I could start my project by simply noticing: what movements do I do in my everyday life that reduce unhealthy anxiety and therefore feel good?

APPENDIX C

REFLECTING TEAM AND COMMITTEE MEMBERS

My reflecting team included my advisor Heather Leigh, DAT, ATR-BC, LCPC (IL), LMHC (IN), and my committee members Heidi Fledderjohn, MA, BC-DMT, E-RYT, and Stacey Crimans, MA, R-DMT, LMHCA. Heather teaches art therapy classes at Herron, including my 2019-20 Capstone; she has facilitated action research projects with previous students. Heidi runs her own dance/movement therapy (DMT) practice in Indianapolis and provides DMT with patients at St. Vincent Indianapolis; she was also my Fall 2018 supervisor for my graduate art therapy internship at Peyton Manning Children's Hospital. Stacey has worked with and taught dance to people with Autism Spectrum Disorder (ASD) in the past and is currently working on earning her LMHC; she was also my classmate from Herron's Summer 2019 Career Counseling for Art Therapists. They are all colleagues of mine and creative arts therapists like me.

All three contributed immensely to my research. Heather offered insight specifically into how action research can be used to promote personal and professional growth for art therapy students. Heidi and Stacey both offered insight specifically into different types of movement. Heidi also has the unique perspective of being an experienced registered yoga teacher, and Stacey has her own perspective as both a dance teacher and an associate licensed mental health counselor. I communicated with all of them to discuss my research throughout the course of my project, and they all provided sources for my literature review, support in my experimenting with different types of movement, and active reflecting on my research process and experience.

APPENDIX D

REFLECTION ARTWORK CONSENT FORM

Each member of the Reflecting Team and I filled out and signed this form.

HERRON SCHOOL OF ART & DESIGN, IUPUI

INFORMED CONSENT FOR ILENE ARMSTRONG CAPSTONE, REFLECTION
ARTWORK

I _____ give permission for (art therapy student)
_____ to use my reflection art productions for
the purposes of her art therapy education and development. I understand that this consent
will include the actual images and references to my art in her capstone paper and
presentation. I understand that if I wish, she will not identify me by name. I understand
that I have the right to remove this authorization at any time, in writing. However, such a
revocation shall not affect any disclosures already made based on my prior authorization.

Please initial next to the selection(s) below:

_____ I authorize the student to present my art productions for the purpose of capstone
and course requirements. The capstone project will include a paper published through IU
Scholar Works and a PowerPoint and video presentation.

_____ I authorize the student to identify me by name as the author of my art in said
capstone paper and presentation.

_____ I authorize the student to potentially present my art productions in future presentations, which could include professional conferences.

Signature

Date

Signature of Art Therapy Student

Date